



SOLID WASTE DEPARTMENT

ASBESTOS DISPOSAL MANIFEST FORM

I. PROJECT INFORMATION

ASBESTOS PROJECT: _____
PROJECT ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
REMOVAL CONTRACTOR: _____
ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
LICENSE NO: _____ TELEPHONE NO: _____

II. WASTE HAULER INFORMATION

WASTE HAULER COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
LICENSE NO: _____ TELEPHONE NO: _____

Signature of Driver

Date

III. LANDFILL INFORMATION

Landfill Name: _____ Augusta-Richmond County Solid Waste Facility _____
Permit Number: _____ 121-016 D (SL) / 121-018 D (MSWL) _____
Volume Asbestos Received: _____ SQ/FT. _____ LN/FT. _____ CU/YD.
Type of Containers: _____ Condition of Containers: _____
Were Containers Labeled (Asbestos Waste): EPA/OSHA/DOT: Yes: _____ No: _____

I CERTIFY THAT Augusta-Richmond County Solid Waste Facility HAS BEEN APPROVED FOR THE DISPOSAL OF ASBESTOS-CONTAINING MATERIAL AND THAT THE DELIVERED MATERIAL WILL BE DISPOSED IN ACCORDANCE WITH LOCAL, STATE, AND FEDERAL REGULATIONS.

Signature of Landfill Operator

Date

Cell Grid Location

Please Complete and return original and one (1) copy.

REV: 06/2022